

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">300 510</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4	/						54						
5		2					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
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18		/					68						
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22		/					72						
23		/					73						
24		4					74						
25		4					75						
26		/					76						
27		/					77						
28		/					78						
29		4					79						
30		/					80						
31	/						81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		4					93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	53						TOTAL DEP.						
TOTAL CLAIMS	56						TOTAL CLAIMS						